



DETAIL REPORT FOR UNCLAIMED PROPERTY

HOLDER NAME _____ REPORT YEAR _____

HOLDER NUMBER _____

PRIMARY OWNER LAST NAME		FIRST NAME		MIDDLE INITIAL	DESIGNATE OWNERSHIP:	
TITLE		DATE OF BIRTH		SSN/FEIN		
PRIMARY OWNER ADDRESS				CITY	STATE ZIP	

COMPLETE ADDITIONAL OWNER INFORMATION (BELOW) IF THERE IS MORE THAN ONE OWNER FOR THIS PROPERTY

SECONDARY OWNER LAST NAME		FIRST NAME		MIDDLE INITIAL
TITLE		DATE OF BIRTH		SSN/FEIN
RELATION TO PRIMARY				

MONETARY

CATEGORY CODE _____
AMOUNT REPORTED _____
DEDUCTION AMOUNT _____
DEDUCTION TYPE _____
INTEREST RATE _____

SECURITIES

CATEGORY CODE _____
CUSIP _____
REPORTED SHARES _____
☐ PROPERTY RETAINED (MUNICIPAL GOV'T ONLY)

ID NUMBER _____
ID NUMBER _____
LAST ACTIVITY DATE _____

PRIMARY OWNER LAST NAME		FIRST NAME		MIDDLE INITIAL	DESIGNATE OWNERSHIP:	
TITLE		DATE OF BIRTH		SSN/FEIN		
PRIMARY OWNER ADDRESS				CITY	STATE ZIP	

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ID NUMBER _____
ID NUMBER _____
LAST ACTIVITY DATE _____

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